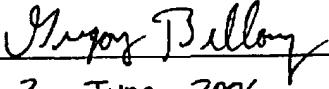


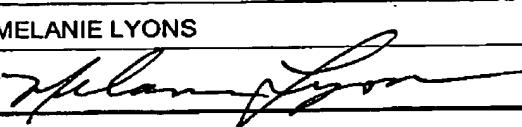
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TRANSMITTAL FORM		Application Number	10/694,978
(to be used for all correspondence after initial filing)		Filing Date	10/27/2003
		First Named Inventor	Jacqueline C. TIMANS
		Art Unit	1646
		Examiner Name	P.M. Mertz
Total Number of Pages in This Submission	6	Attorney Docket Number	DX0904KB1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal, in duplicate (2 pages)	Drawing(s)	After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	Petition	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	Petition to Convert to a Provisional Application	Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter
<input type="checkbox"/> Extension of Time Request	Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	Request for Refund	
<input checked="" type="checkbox"/> Information Disclosure Statement pursuant to 37 CFR 1.97(c) or (d) (2 pages)	CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Other Enclosures/Remarks:	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<ul style="list-style-type: none"> • Form PTO/SB/08 (1 page) 	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Gregory R. Bellomy, Reg. No. 48,451 DNAX Research, Inc. 901 California Ave. Palo Alto, CA 94304-1104
Signature	
Date	2 - June - 2006

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this date indicated below:			
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PTO/SB/17 (Modified)

FEE TRANSMITTAL For FY 2006		<i>Complete if Known</i>	
		Application Number	10/694,978
		Filing Date	10/27/2003
		First Named Inventor	Jacqueline C. TIMANS
Examiner Name	P.M. Mertz		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1646
TOTAL AMOUNT OF PAYMENT	(S) 180.00	Attorney Docket No.	DX0904KB1

METHOD OF PAYMENT (check all that apply)

- Check Credit Card Other None
- Deposit Account: Deposit Account Number: 04-1239 Deposit Account Name: DNAX Research, Inc.
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayments Credit any overpayments
- of fee(s) under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	180	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity	Fee (\$)	Fee (\$)
	50	25
	200	100
	360	180

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP = 0	x	= 0				

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP = 0	x	= 0	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Other: Information Disclosure Statement under CFR 1.97(d)

Fees Paid (\$)
180

SUBMITTED BY		(Complete if applicable)		
Name (Print/Type)	Gregory R. Bellomy	Registration No.	48,451	Telephone 1-650-496-6400
Signature	<i>Gregory R. Bellomy</i>		Date	2 - June - 2006

Attorney Docket: DX0904KB1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re application of:

Jacqueline C. TIMANS, et al.

Application No.: 10/694,978

Filed: October 27, 2003

For: IL-1-LIKE CYTOKINE ANTIBODIES
(as amended)

Examiner: P.M. Mertz

Art Unit: 1646

Conf. No.: 4584

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by:

MELANIE LYONS

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT
PURSUANT TO 37 C.F.R. 1.97(c) OR (d)

Sir:

37 C.F.R. 1.97(c)

- 1.a. The information disclosure statement transmitted herewith is being filed after three months of the filing date of this national application or the date of entry of the national stage as set forth in § 1.491 in an international application or after the mailing date of the first Office Action on the merits, whichever event occurred last, but before the mailing date of either:
- (1) a final action under § 1.113, or
 - (2) a notice of allowance under § 1.311, whichever occurs first.

- 1.b. This statement is accompanied by the certification set forth below. OR

- 1.c. Applicant(s) elect to pay the fee of \$180.00 for the submission of this information disclosure statement.

37 C.F.R. 1.97(d)

- 2.a. The information disclosure statement transmitted herewith is being filed after a final action under § 1.113, or a notice of allowance under § 1.311, whichever occurs first, but before, or simultaneously with, the payment of the issue fee.

- 2.b. This statement is accompanied by the certification set forth below. AND

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06/05/2006 AMEXCH1 00000090 041239

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Page 1 of 2

06/05/2006 AMEXCH1 00000090 041239
01 FC:1806

- 2.c. Applicant(s) hereby petition for the consideration of the accompanying information disclosure statement. AND
- 2.d. The fee for this petition is \$180.00.

METHOD OF PAYMENT

- 3.a. Charge \$180.00 to DNAX Deposit Account No. 04-1239.
- 3.b. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to DNAX Deposit Account No. 04-1239.

CERTIFICATION

4. I, the person signing below, hereby certify
- that each item of information contained in the information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of the statement, or
- that no item of information contained in the information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application or to the knowledge of the person signing the certification after making reasonable inquiry, was known to any individual designated in § 1.56(c) more than three months prior to the filing of the statement.

Respectfully submitted,

Date: June 2, 2006

By: Gregory Bellomy
Gregory R. Bellomy, Reg. No. 48,451
Attorney for Applicants

DNAX Research, Inc.
901 California Avenue
Palo Alto, CA 94304-1104
Telephone (Switchboard): (650) 496-6400
Telephone No. (Direct): (650) 496-1244
Facsimile No.: (650) 496-1200

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<p>Substitute for form 1449/PTO</p> <p>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</p> <p><i>(Use as many sheets as necessary)</i></p>				Complete if Known	
				Application Number	10/694,978
				Filing Date	10/27/2003
				First Named Inventor	Jacqueline C. TIMANS
				Art Unit	1646
				Examiner Name	P.M. Mertz
Sheet	1	of	1	Attorney Docket Number	DX0904KB1

U.S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS

NON-PATENT LITERATURE DOCUMENTS

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.